



## CHARTER TOWNSHIP OF ELMWOOD

### Planning and Zoning

10090 E. Lincoln Rd, Traverse City, MI 49684

(231) 946-0921 Fax (231) 946-9320

Email: [planner@elmwoodtownship.net](mailto:planner@elmwoodtownship.net)

## Amendment to Zoning Ordinance

Text Amendment/Rezoning  
Application

Applications will not be accepted unless containing all the following information:

- 1) Completed application form with owner's signature
- 2) Site plan and/or supporting documents
- 3) Cover Letter describing the request
- 4) Escrow Amount as determined by Planner
- 5) Fee- \$500 when submitting, includes initial meeting and public hearing meeting.

**Additional meetings will require additional fees. \$100 per meeting with no public hearing, \$150 per meeting with public hearing. Fee to be collected prior to being placed on next agenda. Failure to provide fee will result in delay in processing.**

Applications are to be submitted 30 days prior to the Planning Commission meeting. Regular meetings are the 3<sup>rd</sup> Tuesday of the Month.



CASE NUMBER \_\_\_\_\_

Charter Township of Elmwood  
AMENDMENT APPLICATION

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If Different than Owner)

Applicant Address: \_\_\_\_\_

Engineer/Surveyor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Engineer/Surveyor Address: \_\_\_\_\_

Please specify to whom all communication should be sent:

Applicant \_\_\_\_\_ Owner \_\_\_\_\_ Other \_\_\_\_\_

Are any conditions being voluntarily offered as part of this zoning amendment application:

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please attach a detailed description of the conditions being offered as part of this application.

**ZONING MAP CHANGE**

Property Address: \_\_\_\_\_

Parcel Number: 45-004- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Current Master Plan Designation: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

Adjacent Property Uses: North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Adjacent Property Zoning: North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_

Remarks: \_\_\_\_\_

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**ZONING TEXT CHANGE**

Section(s) of Existing (attached sections): \_\_\_\_\_

Proposed Text including all necessary additions to or deletions from current Zoning Ordinance

(attach additional sheets if necessary): \_\_\_\_\_

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Explain why the Text Amendment is being requested: \_\_\_\_\_

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**Affidavit:**

The undersigned affirms that he/she or they is (are) the owner, or authorized agent of the owner, and that the answers and statements herein contained and the information submitted are in all respects true and correct. In addition, the undersigned represents that he/she or they is authorized and does hereby grant a right of entry to Township officials for the purpose of inspecting the premises and uses thereon for the sole purpose of gathering information regarding this request.

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Owner Signature

Date

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Applicant Signature

Date

**OFFICE USE ONLY:**

Rezoning Case Number: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

Publication Date: \_\_\_\_\_

PC Decision: \_\_\_\_\_ Date: \_\_\_\_\_

LCPC Decision: \_\_\_\_\_ Date: \_\_\_\_\_

TB Decision: \_\_\_\_\_ Date: \_\_\_\_\_

### Charter Township of Elmwood Escrow Policy

Accordingly, the procedure for the handling and processing of escrow deposits henceforth shall be as follows:

1. In connection with any application for a special land use, site plan approval, zoning amendment, cluster residential development review, site condominium review, planned unit development review, appeal, interpretation, variance, or other application as required by this Ordinance, the Township may require the applicant to pay in advance into an escrow fund established to cover the reasonable costs of reviewing the application. These costs may include staff costs or consultant fees covering planning, engineering, environmental analysis, wetland delineation, legal review, and other professional and technical services required for a proper and thorough review of the application. No application shall be reviewed further or considered complete, and no permit shall be issued, until all costs have been paid and/or the escrow fund has been replenished as outlined below. The Township shall account for the expenditure of all escrow funds, and the Township Clerk shall refund any unexpended funds within sixty (60) days of final action.
2. Should the escrow fund ever dip below fifty (50%) of the original fund amount, the applicant shall be advised and required to replenish said escrow fund to the full original amount within five (5) business days of having been so notified by the Township Clerk.
3. The applicant may seek an accounting from the Township Clerk of expenditures from the escrow fund when a request is made by the Township to replenish the fund and/or after a final decision on the application has been made. However, the applicant has no authority to approve or deny expenditures.

Amount of Escrow Deposit Required: \_\_\_\_\_

Amount of Escrow Deposit Received: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_